

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 1

**NAME:** NEW HAVEN EAST SHORE WPCF  
**ADDRESS:** 345 EAST SHORE PARKWAY  
NEW HAVEN, CT 06512  
**FACILITY:** NEW HAVEN EAST SHORE STP  
**LOCATION:** 345 EAST SHORE PARKWAY  
NEW HAVEN, CT 06512  
**ATTN:** JOHN TORRE

CT0100366	001-1
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

**DMR MAILING ZIP CODE:** 06512  
MAJOR  
(SUBR SI)  
SANITARY SEWAGE  
External Outfall

MONITORING PERIOD							
FROM			TO				
YEAR	MO	DAY	YEAR	MO	DAY		
12	11	01	12	11	30		

**No Discharge** ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>					18.6	189.6	mg/L	1		
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>					30 MO AVG	50 DAILY MX	mg/L		Three per Week	COMPOS
BOD, 5 day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>					558		mg/L	0		
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>					Req. Mon. MO AVG		mg/L		Three per Week	COMPOS
pH	<b>SAMPLE MEASUREMENT</b>				6.7		6.9	SU	0		
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>				6 INST MIN		9 INST MAX	SU		Daily	COMPOS
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>					25.4	345.1	mg/L	3		
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>					30 MO AVG	50 DAILY MX	mg/L		Three per Week	COMPOS
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>					645		mg/L	0		
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>					Req. Mon. MO AVG		mg/L		Three per Week	COMPOS
Nitrogen, Total (as N)	<b>SAMPLE MEASUREMENT</b>	1278		lb/d					0		
00600 C 0 Nitrogen, Removal Complete	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG		lb/d						Twice Every Week	COMPOS
Arsenic, Total (as As)	<b>SAMPLE MEASUREMENT</b>						0.00	mg/kg	0		
01002 S 0 See Comments	<b>PERMIT REQUIREMENT</b>						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
JOHN TORRE Project Manager		203	466-5277	12	12	10
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

Please see cover letter in regards to TSS and BOD excursions.

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Beryllium, total (as Be)	<b>SAMPLE MEASUREMENT</b>						0.09	mg/kg	0		
01012 S 0 See Comments	<b>PERMIT REQUIREMENT</b>						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
Polychlorinated biphenyls (PCBs)	<b>SAMPLE MEASUREMENT</b>						0.00	mg/kg	0		
39516 S 0 See Comments	<b>PERMIT REQUIREMENT</b>						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	25.0	31.8	Mgal/d					0		
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d						Continuous	TOTALZ
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>				0.3		1.0	mg/L	0		
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>				.2 INST MIN		1.5 INST MAX	mg/L		Four Per Day	GRAB
Solids, fixed, % of total solids	<b>SAMPLE MEASUREMENT</b>				20.2			%	0		
70319 S 0 See Comments	<b>PERMIT REQUIREMENT</b>				Req. Mon. INST MIN			%		Once Every 2 Months	GRAB
Solids, volatile % of total solids	<b>SAMPLE MEASUREMENT</b>				79.8			%	0		
70322 S 0 See Comments	<b>PERMIT REQUIREMENT</b>				Req. Mon. INST MIN			%		Once Every 2 Months	GRAB
Coliform, fecal general	<b>SAMPLE MEASUREMENT</b>					19	27	#/100mL	0		
74055 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>					Req. Mon. 30DA GEO	400 7 DA GEO	#/100mL		Three Per Week	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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Zinc, dry weight	<b>SAMPLE MEASUREMENT</b>						603	mg/kg	0		
78467 S 0 See Comments	<b>PERMIT REQUIREMENT</b>						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
Lead, dry weight	<b>SAMPLE MEASUREMENT</b>						46.8	mg/kg	0		
78468 S 0 See Comments	<b>PERMIT REQUIREMENT</b>						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
Nickel, dry weight	<b>SAMPLE MEASUREMENT</b>						14.4	mg/kg	0		
78469 S 0 See Comments	<b>PERMIT REQUIREMENT</b>						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
Mercury, dry weight	<b>SAMPLE MEASUREMENT</b>						0.60	mg/kg	0		
78471 S 0 See Comments	<b>PERMIT REQUIREMENT</b>						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
Chromium, dry weight	<b>SAMPLE MEASUREMENT</b>						19.8	mg/kg	0		
78473 S 0 See Comments	<b>PERMIT REQUIREMENT</b>						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
Copper, sludge, tot, dry weight (as CU)	<b>SAMPLE MEASUREMENT</b>						558	mg/kg	0		
78475 S 0 See Comments	<b>PERMIT REQUIREMENT</b>						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB
Cadmium, sludge, tot dry weight (as Cd)	<b>SAMPLE MEASUREMENT</b>						3.4	mg/kg	0		
78476 S 0 See Comments	<b>PERMIT REQUIREMENT</b>						Req. Mon. INST MAX	mg/kg		Once Every 2 Months	GRAB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> JOHN TORRE Project Manager <b>TYPED OR PRINTED</b>	<small>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</small>	<b>TELEPHONE</b>		<b>DATE</b>		
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Solids, sludge, tot, dry weight	<b>SAMPLE MEASUREMENT</b>				25.6			%	0		
78477 S 0 See Comment	<b>PERMIT REQUIREMENT</b>				Req. Mon. INST MIN			%		Once Every 2 Months	GRAB
BOD, 5-day, percent removal	<b>SAMPLE MEASUREMENT</b>				96			%	0		
81010 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>				85 MN % RMV			%		Monthly	CALCTD
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>				95			%	0		
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>				85 MN % RMV			%		Monthly	CALCTD
Noael Static 48HR Acute D. Pulex	<b>SAMPLE MEASUREMENT</b>				100			%	0		
TDA3D T 1 See Comments	<b>PERMIT REQUIREMENT</b>				Opt. Mon. MINIMUM			%		Quarterly	COMPOS
Noael Static 48HR Acute Pimephales	<b>SAMPLE MEASUREMENT</b>				94			%	0		
TDA6C T 1 See Comments	<b>PERMIT REQUIREMENT</b>				Opt. Mon. MINIMUM			%		Quarterly	COMPOS
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
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<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> JOHN TORRE Project Manager <b>TYPED OR PRINTED</b>	<small>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</small>	<b>TELEPHONE</b>		<b>DATE</b>		
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